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REISSUE PATENT APPLICATION TRANSMITTAL										
	Attorney Doc	ket No.	802930-0002							
Address to:	First Named	Inventor	Clayton R. Younker							
Mail Stop Reissue	Original Pate	nt Number	6,328,461							
Commissioner for Patents P.O. Box 1450	Original Pate (Month/Day/\	nt Issue Date Year)	December 11, 2001							
Alexandria, VA 22313-1450	Express Mail	Label No.	EV 258727870 US ്							
APPLICATION FOR REISSUE OF: (Check applicable box) Utility Pa	Design Patent Plant Patent									
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS Statement of status and support for all									
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)										
2. Applicant claims small entity status. See 37 CFR 1.27.	pplicant claims small entity status. See 37 CFR 1.27.									
 Specification and Claims in double column copy of pate (amended, if appropriate) 	pecification and Claims in double column copy of patent format amended, if appropriate)									
4. Drawing(s) (proposed amendments, if appropriate)	rawing(s) (proposed amendments, if appropriate)									
5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)										
6. Power of Attorney (within the decla	Power of Attorney (within the declaration)									
7. Original U.S. Patent currently assigned? Yes (If Yes, check applicable box(es))	No	English Translation of Reissue Oath/Declaration 14. (if applicable)								
Written Consent of all Assignees (PTO/SB/53)	Written Consent of all Assignees (PTO/SB/53)									
37 CFR 3.73(b) Statement (PTO/SB/96)		16. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
8. CD-ROM or CD-R in duplicate, Computer Program (Ap or large table	CD-ROM or CD-R in duplicate, Computer Program (Appendix)									
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)										
a. Computer Readable Form (CFR) b. Specification Sequence Listing on: i CD-ROM (2 copies) or CD-R (2 copies); or ii paper										
c. Statements verifying identity of above copies										
18. CORRESPONDENCE ADDRESS										
Customer Number: 27910		OR	Correspondence address below							
Name										
Address										
City	State Zip Code									
-	phone		Fax							
Name (Print/Type) James H. Marsh, Jr. / Registration No. (Attorney/Agent) 24,533										
Signature Harder All 11			ate 11/21/03							

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Title: POOL TABLE DECORATIVE LIGHT

Inventor(s): Clayton R. Younker Docket No.: 802930.0002

Express Mail No.: EV 258727870 US

PTO/SB/56 (08-03)

Approved for use through 01/31/2004, OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Claims Remaining After Amendment Amendment After Amendment After Amendment Amendment Amendment Amendment Amendment After Amendment Amendme	REISSUE APPLICATION FEE TRANSMITTAL FORM									Docket Number (Optional) 802930.0002					
Claims Number Filed in Reissue Application Reissue Reiss	Claims as Filed – Part 1														
Total Claims (37 CFR 1.16()) (A) 16		(1) (2) (3)				(3)			Small	Entity		C	Other than a Sm	all Entity	
(A) 18 (B) 10			in	R	Reissue			1	Rate		Fee			Rate	Fee
Sasic Fee (37 CFR 1.16(h) Co 3 CD 3 CD 3 CD Sasic Fee (37 CFR 1.16(h)) Sas5.00 Sas5.	(37 CFR 1.16(j))		(A) 18	(B)	18	****	0	=	x\$=		0			x \$=	
Total Filing Fee \$385.00 OR \$			(C) 3	(D)	3	1.	0 .	=	x\$=		0		or	×\$=	
Claims as Amended - Part 2 Claims Remaining After Amendment Previously Previously Paid For Rate Fee				Basic Fee (37 CFR 1.16(h)	\$ <u>385.00</u>				\$			
Claims Remaining After Amendment Claims Remaining After Amendment Claims Previously Paid For Rate Fee Rate F							Total Filing F	ее		\$ <u>385.00</u>				OR	\$
Claims Remaining After Amendment A	Claims as Amended – Part 2														
After Amendment Previously Paid For Present Present Rate Pee Rate			1111					Small Entity		Other than a Small Entity					
Adupticate copy of this sheet is enclosed. A check in the amount of \$ \$791.00 The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 19-4409 A check in the amount of \$ \$791.00 A check in the amount of \$ \$791.00 A gament by credit card. Form PTO-2038 is attached. A gament Agament						Previously		c	Claims		Fee			Rate	Fee
Claims (37 CFR 1.16(1)) "" If the entry in (D) is less than the entry in (C), Write "0" in column 3. "If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. "" After any cancellation of claims. "If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). "" "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number in the amount of A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 19.4409 A check in the amount of \$ \$791.00 to cover the filling/additional fee is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038. // / 2 / / 0.3	(37 CFR 1.16(j))	***	46		міниѕ	**	20	* = 26		.00_=	234.0	0	x \$ =		
* If the entry in (D) is less than the entry in (C), Write "O" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). **** Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number	Claims (37 CFR	***	7		MINUS	****	3	= 4 x		x \$43	= 00.	172.0	0	x \$=	
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancellation of claims. **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number		Total Additional Fee \$ 40							\$ 406	.00	OR	\$			
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 19-4409 A duplicate copy of this sheet is enclosed. A check in the amount of \$ \frac{\$791.00}{\$791.00}\$ to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038.	** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).														
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Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038. 11 / 21/03	credit any overpayment to Deposit Account Number 19-4409														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038. 11 21 03	A check in the amount of \$ \$791.00						to c	over the	filing/a	dditiona	al fee is	enclo	sed.		
be included on this form. Provide credit cad information and authorization on PTO-2038. 11 21 03	Payment by credit card. Form PTO-2038 is attached.														
11/21/03 (James William,)	be included on this form. Provide credit cad information and authorization on PTO-2038.														
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	∪ate /					Signature of Applicant, Attorney or Agent of Record									
24,533 James H. Marsh, Jr. Registration Number, if applicable Typed or printed name	24,533 Registration Number, if applicable							-							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.